

CEQA LEAD AGENCY CHECKLIST/CERTIFICATION ♦
TRANSPORTATION INFORMATION FROM A REPORTING OR MONITORING PROGRAM

Part 1 - Checklist

Project Name: _____

Lead Agency: _____

Lead Agency Contact (Name, Title, Agency, Address & Phone): _____

State Clearinghouse (SCH) File #/s: _____

Document Type/s: _____

Findings & Approval Date/s: _____

Project Proponent (Name, Title, Company, Address & Phone): _____

For each specific Transportation Related Mitigation Measure associated with this Project, The following information items are included in the attached materials:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Location/Custodian Of CEQA Documents, Proceedings, Records
<input type="checkbox"/>	<input type="checkbox"/>	Description Of How To Obtain Copies Of Above Documents
<input type="checkbox"/>	<input type="checkbox"/>	Mitigation Measure Name & Identifying Number
<input type="checkbox"/>	<input type="checkbox"/>	Detailed Description of Measure & its Purpose (attach blueprints if necessary)
<input type="checkbox"/>	<input type="checkbox"/>	Measure Location Description, Latitude/Longitude, & Vicinity Map
<input type="checkbox"/>	<input type="checkbox"/>	Location of Impacted State Highway Component (County, Route, Postmile)
<input type="checkbox"/>	<input type="checkbox"/>	Caltrans Encroachment Permit Number (if one was needed)
<input type="checkbox"/>	<input type="checkbox"/>	Copy of Other Agency Permits required for this Measure (if needed)
<input type="checkbox"/>	<input type="checkbox"/>	Completion Criteria (including detailed performance objectives)
<input type="checkbox"/>	<input type="checkbox"/>	Implementation Schedule
<input type="checkbox"/>	<input type="checkbox"/>	Estimated Monetary Value of Completed Measure & % Local Agency Funded
<input type="checkbox"/>	<input type="checkbox"/>	Responsible Contractor (Name, Company, Address & Phone)

The above project mitigation measures will be implemented as indicated in the adopted reporting or monitoring program, and the California Department of Transportation will be notified upon implementation.

CEQA Lead Agency

Date

Part 2 - Certification

We certify that the agreed upon mitigation measures have been implemented, and all other requirements have been adhered to, in accordance with PRC Sections 21081.6 and 21081.7. Attached: 1. Completion evaluation (including field inspection reports); 2. Photograph of completed measure.

**Signature
& Date:** _____

Name: _____

Title: _____

CEQA Lead Agency

California Department of Transportation

* This form is to be used by public agencies to submit their mitigation reporting or monitoring programs to the California Department of Transportation (Department) when a CEQA project has been found to have transportation or circulation impacts that are of statewide, regional, or area-wide significance. Copies of this form, and the Department Guidelines developed pursuant to PRC Section 21081.7, can be downloaded from our website (http://www.dot.ca.gov/hq/tpp/offices/ocp/igr_guidelines_procedures.htm). Completed form with attached materials may be post-mailed, e-mailed, or faxed to the appropriate Department District Planning Office, Attention: Intergovernmental Review (IGR) Coordinator. {Form Version 07/2004}